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November 19, 2009

CDC HICPAC Committee
C/O Dr. Mike Bell
Centers for Disease Control and Prevention

To HICPAC Committee:

My name is Hudson Garrett, and I am an Infection Preventionist and Director of Clinical Affairs at PDI Healthcare. In response to your request for public comment for the currently proposed Draft Guidelines for the Prevention of Intravascular Catheter Related Infections, I would like to offer my support of a change in the verbiage of the recommendation specifically for skin antisepsis. As an active national member of the Association for Professionals in Infection Control and Epidemiology, the Society for Healthcare Epidemiology of America, the Infusion Nurses Society, the Association for Vascular Access, and the Infectious Diseases Society of America, I routinely read the many publications published by each respective organization to ensure I maintain my competence. In my dual role as an Infection Preventionist and also a member of the infection prevention industry community, I appreciate the opportunity to provide public comment to the proposed guidelines for review by the HICPAC Committee.

My concerns revolve around the skin antisepsis piece, as this is a critical component of prevention of Catheter-Related Bloodstream Infections:

1) Currently the draft guideline calls for a 2% Chlorhexidine based skin antiseptic solution to be used for central venous catheter insertion. The current Infusion Nurse's Society Standards for Care (INS), the Society for Healthcare Epidemiology of America (SHEA), and the Infectious Diseases Society of America (IDSA) all have released recent guidelines that support the use of an alcoholic chlorhexidine solution containing a concentration of chlorhexidine gluconate (CHG) greater than 0.5% CHG. The current draft CDC document does not call for an alcoholic CHG solution, and only makes reference to a 2% CHG solution. The specific study referenced used an aqueous solution of CHG. The synergistic effects of CHG and isopropyl alcohol are key to providing initial skin antisepsis and also persistent activity of CHG on the patient's skin. Use of an aqueous based CHG solution alone would not provide adequate initial skin antisepsis. The Food and Drug Administration has two alcoholic CHG skin preparation solutions currently approved as surgical skin antiseptics, one 2% CHG/70% Isopropyl and one 3.15% CHG/70% Isopropyl. The current CDC guidelines published in 2002 and the current draft document being reviewed both reference a 2% CHG solution, which the reference study actually indicates is an aqueous base, and not an alcoholic solution, which is what is available currently in the United States. The two currently available CHG solutions used for vascular access both are alcohol based solutions. The verbiage in which the current draft guideline is written would be prohibitive of the

millions of times the 3.15% CHG/70% Isopropyl alcohol solution is being utilized by clinicians across the United States.

I would urge the HICPAC committee to make a more inclusive recommendation that is in line with the current standards of other Infection Prevention organizations and change the guidelines verbiage to read "use an alcoholic Chlorhexidine gluconate solution greater than 0.5% CHG." This would minimize confusion amongst clinicians, and offer all patients the benefits of Chlorhexidine gluconate no matter what concentration of CHG is being utilized by the healthcare provider.

2) Additionally, the recommendation for use of CHG for insertion of peripheral intravenous catheters has been changed to isopropyl alcohol, which creates two standards of care for our patients. It would be helpful and consistent to provide one standard for care for patients for all vascular access procedures. I would strongly urge the HICPAC committee to evaluate this request and formally set one single standard for skin antisepsis for all patient care settings to prevent confusion of standards of care in various acuity settings.
3) Finally, I would also appreciate the recommendation regarding the cleaning of ports and hubs with either alcoholic Chlorhexidine (CHG preferred) or 70% isopropyl alcohol to be consistent with that of other organizations such as SHEA. Therefore, my recommendation would be to word this particular piece as ***" before accessing catheter hubs or injection ports, clean them with an alcoholic chlorhexidine preparation or 70% alcohol to reduce contamination."*** This will give clarity to clinicians about the appropriate cleaning of these devices that serve as sources for contamination.

Thank you for your consideration. I look forward to a final guideline that is inclusive for all healthcare settings, providers, and that protects our patients from these deadly infections. If you have any questions, please feel free to contact me directly using the contact information below.

Best regards,

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